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## FACSIMILE COVER SHEET

TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 4

Original documents to follow by mail  No originals will be sent

DATE: June 7, 2006

TO: Examiner Kyle R. Stork  
Group Art Unit 2178 FAX #: 571-273-8300

PHONE #: 571-272-4130

Application No.: 09/916,248  
Applicant: Gao et al.  
Due Date: June 27, 2006

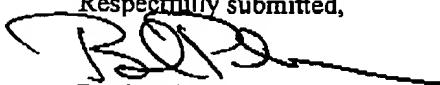
OUR REF.: 3140.03US01

FROM: Brad Pedersen  
PHONE #: 612-349-5774

Attached please find the following for filing in the above-identified application:

(1) RCE Transmittal; and  
(2) Extension of Time.

Respectfully submitted,

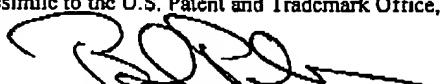
  
Brad Pedersen  
Registration No. 32,432

## CERTIFICATE OF FACSIMILE TRANSMISSION

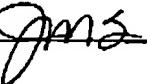
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June 7, 2006

Date

  
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Attorney Docket No. 3140.03US01

REQUEST FOR CONTINUED EXAMINATION  
(RCE) TRANSMITTAL

Mail Stop RCE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 09/916,248, filed July 30, 2001, for: INDEPENDENT UPDATE AND ASSEMBLY OF WEB PAGE ELEMENTS, by: Zheng John Shi, Yang Gao, Shum Gao, and Armeen Mazda.

## 1. Submission required under 37 C.F.R. § 1.114

a.  Previously submitted

Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on April 18, 2006, in said prior application.

Consider the arguments in the Appeal Brief or reply Brief previously filed on \_\_\_\_\_

Other Extension of Time

b.  Enclosed

A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.

Affidavit(s)/Declaration(s)

Information Disclosure Statement (IDS)

Other \_\_\_\_\_ 06/08/2006 TL0111 00000063 160631 09916248

2.  The filing fee is calculated below:

01 FC:2891 395.00 DA

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	68	- [45]**	= 0	x 25	\$0		x 50	\$
Indep.	3	- [3]***	= 0	x 100	\$0		x 200	\$
RCE fee				+ 395	\$395		+ 790	\$
Mult Dep.			=	+ 180	\$0		+ 360	\$
				TOTAL	\$395	OR	TOTAL	\$

First Presentation of Multiple Dependent Claim [MDC]

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

RCE of U.S. Application No. 09/916,245  
Filed July 30, 2001

3.  Please deduct \$395.00 from Deposit Account No. 16-0631. (The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 16-0631.

Respectfully submitted,



Brad Pedersen  
Registration No. 32,432

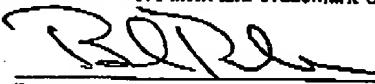
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June 7, 2006

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Brad Pedersen